PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

6806981

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
<u>-</u>	OTAL CLAIMS		(Column 1)		(Colu	(Column 2)		TYPE		OR	R SMALL ENTIT		
TOTAL CLAIMS			10					RATE	FEE	_ `	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	1/ -	nus 20=	*	0		X\$ 9=		OR	X\$18=	,	
_	DEPENDENT (<u> </u>	inus 3 =	' 0			X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	·	(Column 1)	,	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=		
AME	Independent	*.	Minus	***	CI 4114	-		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL		ا را	TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	•	. ,	ADDIT. FEE	·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**	•	=	Γ	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	.4.45		i			
						•	L	+145= TOTAL		OR	+290=		
										OR ,	TOTAL ODIT. FEE		
_		(Column 1)	· · · · · ·	(Column		(Column 3)	_			_			
ENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
~ -	Independent	<u> </u>	Minus	***		=		X43=		F	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If	*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT, FEE		
TI	ne "Highest Numi	nber Previously Paid ber Previously Paid	For" (Total or I	SPACE is le independent	ess than) is the h	3, enter "3." lighest number (ropriate box				